

Bernalillo County
Environmental Health Department
111 Union Square SE, Suite 300 Albuquerque, NM
87102
Phone 314-0310
Fax 314-0470



INDIVIDUAL WELL APPLICATION

Permit Number: _____
 Receipt No. _____
 Fee: _____
Application Complete? Yes ☐ No ☐
Reviewed By Initials _____
Date: _____

OWNER	PHONE:	FAX:	
MAILING ADDRESS	CITY	STATE	ZIP

SITE ADDRESS			LOT SIZE:
LEGAL DESCRIPTION			
PLAT OR SUBDIVISION DATE	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> MOBILE HOME
UPC _____			ZONE ATLAS PAGE:

INSTALLER	PHONE #		
MAILING ADDRESS	CITY	ZIP	
NMSEO LICENSE #			

APPLICATION IS FOR:	NMSEO WELL FILE # _____
NEW WELL TO BE USED FOR DRINKING IRRIGATION	CONDITIONS _____
REPLACEMENT WELL, PERMIT # FOR EXISTING WELL: _____	IS THERE AN EXISTING WASTE WATER SYSTEM YES NO
WILL THIS WELL BE SHARED? YES NO	PERMIT NO. FOR EXISTING WASTEWATER SYSTEM _____
LIST LOTS THAT WILL SHARE THIS WELL: _____ (attach a list if necessary)	

WELL CONSTRUCTION	COMPLETION DEPTH:	CASING LENGTH ABOVE GROUND:
	CASING DIAMETER:	CASING TYPE:
	PUMP TYPE:	GROUT DEPTH:
	WELL PAD DIMENSIONS:	
WELL LOCATION CHARACTERICS	WASTEWATER SYSTEM DISTANCE FROM WELL:	DISPOSAL FIELD DISTANCE FROM WELL:
	DISTANCE FROM PUBLIC SEWER LINE:	
	ADDITIONAL CONTAMINATION SOURCES (EXPLAIN, USE ADDITIONAL SHEET IF NECESSARY)	
	FLOOD POTENTIAL YES NO	FLOOD ZONE DESIGNATION:

Provide a detailed site plan to scale on a separate sheet of paper. Include location of the well and setback distances to wastewater systems or holding tank, any other possible sources of contamination, existing wells, waterlines, arroyos, or canals, and property lines.

The foregoing information and the site plan provided are true and correct to the best of my knowledge. I understand the issuing of this permit does not relieve me from the responsibility of complying with all regulations. Obtaining the permit does not relieve me from the responsibility of obtaining any permits required by State, County, or City regulations or ordinances or other requirements of State and Federal law. This application expires six months from the application date. A six-month extension may be granted when a written request is submitted prior to the expiration date.

INSTALLER _____
 OWNER PRINT NAME SIGNATURE DATE



Page 2 for DEPARTMENT USE ONLY

IT APPEARS THAT FROM THE INFORMATION PROVIDED ON PAGE 1, THE PROPOSED SYSTEM:

☐ WILL MEET BERNALILLO COUNTY
☐ WILL INDIVIDUAL WATER SYSTEM
 NOT ORDINANCE 87-30

A PERMIT FOR CONSTRUCTION OF THE WELL DESCRIBED ON PAGE 1 HAS BEEN:

☐ GRANTED
☐ GRANTED W/ CONDITIONS
☐ DENIED

COMMENTS:

ENVIRONMENTAL HEALTH REPRESENTATIVE

DATE

TYPE OF INSPECTION	NAME	DATE	TYPE OF INSPECTION	NAME	DATE
DURING INSTALLATION			FINAL INSPECTION		

FINAL INSPECTION:

PROTECTIVE CONCRETE SLAB (Yes / No):

SETBACK DISTANCE TO SEPTIC TANK:

SETBACK DISTANCE TO PROPERTY LINE:

CASING LENGTH ABOVE GROUND:

SETBACK DISTANCE TO ABSORPTION FIELD:

COMMENTS:

An onsite survey has been conducted and the onsite liquid waste disposal system described herein has been built in accordance to the plans and/or approved modifications to the plans submitted.

ENVIRONMENTAL HEALTH REPRESENTATIVE

DATE

